

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 27-JUL-2015		2. TIME 16:48:00		3. ADDRESS OF OCCURRENCE 1500 DONOVAN DRIVE CHICAGO HEIGHTS, IL		4. LOCATION CODE 330		5. BEAT/COLOR 3100		
MEMBER INVOLVED	6. POSITION 9161	7. LAST NAME RENO	8. FIRST NAME MARK A	9. STAR NO. 19605	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE 508	13. HT 160	14. WT 160	
	15. DATE OF APPT. 04-NOV-1996		16. EMPLOYEE NO. 193		17. UNIT & BEAT OF ASSIGNMENT 65721		18. CH/ITY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
SUBJECT INFORMATION	20. LAST NAME TYLER		21. FIRST NAME SHAQUILLE		22. M.I. 01 M	23. RACE BLK	24. D.O.B. 507	25. HT 145	26. WT 145	
	27. ADDRESS [REDACTED]		28. TELEPHONE NO. [REDACTED]		29. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	32. WHERE WAS MEDICAL TREATMENT OBTAINED? DR. [REDACTED]		33. BY WHOM? DR. [REDACTED]		34. CONDITION <input checked="" type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Apparently Normal <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Under Influence <input type="checkbox"/> 05 Refused Medical Aid		35. CHARGES PLACED 00000000			
	36. DNA <input type="checkbox"/>		37. CB NO. 00000000		38. INCL. <input type="checkbox"/>		39. DNA <input type="checkbox"/>			
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
	VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON WAIVER/HUMILIATION <input checked="" type="checkbox"/> OTHER _____		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		OTHER _____	
CASE INFO.	40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME):				41. ADDITIONAL INFORMATION OFFENDER'S WEAPON=.380 SEMI-AUTOMATIC PISTOL					
	42. POSITION		43. STAR NO.		44. UNIT		45. WEAPON TYPE			
	46. WEAPON TYPE		47. INCIDENT OCCURRED		48. LIGHTING CONDITIONS		49. WEATHER CONDITIONS			
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106 1076367

Attachment 8

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason):

Subject receiving medical treatment.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at the time, it is the preliminary determination of the undersigned that Officer Reno acted in compliance with Department policy in that he fired his weapon in fear for his life at the offender after the offender pointed a firearm at the Officer.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./ORNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ANDREWS, CONSTANTIN G

SIGNATURE

DATE COMPLETED

TIME

27-JUL-2015 23:17:52

79. TOTAL TRR's THIS EVENT No.

1